

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  03/28/2017
NAME OF PROVIDER OR SUPPLIER  QUALITY CARE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Amended 2567 to reflect addition of complaint #41043.  A Recertification survey and complaint investigation (#40255, #41043) was conducted on 3/27/17 through 3/29/17, at Quality Care Health Center. No deficiencies were cited in relation to complaint #40255 under 42 CFR Part 483, Requirements for Long Term Care Facilities, 483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	F 000	F225 - Investigate/Report Allegations/Individuals Corrective actions: Resident #41 suffered no ill effect from the allegation not being reported timely to the state. Residents on the same unit where the employee in question was staffed were surveyed to determine if other potential concerns were not reported related to the employee in question. No other concerns were noted. The employee in question was counseled and was relocated to another hall from resident #41. Staff was inserviced by ADM or designee regarding the facility Abuse Policy and the requirement to ensure any abuse allegation investigations are completed prior to employee named in allegation returning to work if appropriate. ADM or designee inserviced staff on the reporting requirements that the facility must report not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. The resident council will be inserviced by the ADM or designee on the facility abuse policy. Identifying other residents having potential to be affected: The facility has determined that all residents have the potential to be affected. Residents will be surveyed by members of the QAPI committee quarterly to determine if they have any concerns or issues and any appropriate actions taken if warranted. Non-cognitive residents will have skin assessments performed monthly by the DON or designee for purposes of identifying any potential unknown injury and any appropriate action taken if warranted. Residents will be informed at the Resident Council meetings by the ADM or designee regarding the facility Abuse Policy. Staff will be inserviced by the ADM or designee regarding the facility Abuse policy.	4/27/17	
F 225 SS-D	483.12(a) The facility must:  (3) Not employ or otherwise engage individuals who:  (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;  (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or  (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.  (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.	F 225	Measures or Systemic Changes: The facility abuse policy will be revised by the ADM to include SOM Appendix PP 483.12 (b)(4)(i)-(iii) changes and presented to the QAPI committee.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.

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F 225	<p>Continued From page 1</p> <p>(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, facility documentation review, and</p>	F 225	<p>Resident Council will be informed of the revised facility Abuse Policy by the ADM or designee. Staff will be informed / inserviced on revised Abuse Policy by the ADM or designee. Residents will be surveyed quarterly by members of the QAPI committee to determine if they have any concerns or issues and any appropriate actions taken if warranted. Non-cognitive residents will have skin assessments completed monthly by the DON or designee.</p> <p>How corrective action will be monitored: Residents will be surveyed quarterly by members of the QAPI committee and skin assessments completed on non-cognitive residents by the DON or designee weekly x 4 weeks and then monthly for 2 months and monthly thereafter. The ADM or designee will review the audits and report findings to the QAPI committee. The QAPI committee will review the results at the QAPI meeting to</p>		

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F 225	<p>Continued From page 2</p> <p>Interview, the facility failed to report alleged abuse timely to the Department of Health and failed to provide a safe environment during the investigation of alleged abuse for 1 resident (#41) of 3 residents reviewed for abuse.</p> <p>The findings included:</p> <p>Review of the facility's Abuse of Residents Policy and Procedure (undated) revealed "...Identification:...The resident might have bruises...Facility employees, who have been accused of or are suspected of resident abuse, will be immediately suspended without pay and subject to dismissal and possible criminal prosecution pending outcome of an investigation. If the allegations are unsubstantiated, the employee will be reinstated and may be paid for the time out due to the suspension. The facility shall immediately submit to the Department of Health or notice of the suspension of the affected staff person(s), as appropriate as part of the event report..."</p> <p>Medical record review revealed Resident #41 was admitted to the facility on 1/18/16 with diagnoses including Diabetes Mellitus, Dementia, Parkinson's Disease, Anxiety and Depression.</p> <p>Medical record review of the Quarterly Minimum Data Set dated 1/20/17, revealed Resident #41 was moderately impaired cognitively, required moderate assist of 2 staff to ambulate in her room, and was frequently incontinent of urine.</p> <p>Review of the facility's documentation of an ongoing investigation revealed on 3/26/17 at approximately 11:30 PM, the Administrator was notified of an allegation of abuse involving</p>	F 226			

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F 225	<p>Continued From page 3</p> <p>Resident #41, and Certified Nurse Assistant (CNA) #1. Continued review revealed the CNA was sent home when the allegations were reported.</p> <p>Interview with Resident #41 on 3/29/17 at 2:25 PM, revealed the resident was sleepy and unable to answer questions appropriately.</p> <p>Interview with Resident #201 (Resident #41's roommate with a BIMS score of 15 out of 15 indicating the resident is cognitively intact) on 3/29/17 at 2:30 PM, in the resident's room revealed Resident #201 was present when Resident #41 was allegedly abused by CNA #1 on "Sunday" night. Continued interview revealed Resident #41 was ambulating from the bathroom to the bed when CNA #1 entered the room, "...grabbed the resident's wheel chair from over there by the closet, threw her in it...made it rough, instead of letting her ease into it...[CNA #1 told Resident #41] If you don't sleep and keep getting up, I'm going to put you by the desk all night..."</p> <p>Review of the written statement from Registered Nurse (RN) #1 revealed "...pts [patient] Roommate stated CNA said very nasty things to [Resident #41] and was very mean to her..."</p> <p>Interview with the Administrator on 3/29/17 at 3:00 PM in the conference room confirmed the facility failed to notify the Department of Health of the alleged abuse within 2 hours. Continued interview revealed CNA #1 was allowed to return to work and provided care for Resident #41 on 3/28/17. Further interview confirmed the facility's investigation was ongoing and the facility had not interviewed the staff working when the alleged abuse happened, prior to allowing CNA #1 to</p>	F 225			

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F 225	Continued From page 4 return to work at the facility.	F 225			